

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

Employer Certification of School Service

State Form 31502 (R1/01-22-2003)

Social Security Number		Date (MM/DD/YYYY)	
First Name	MI	Last Name	

School Year	Employment Period		Type of Service (Check only One)		
	Start Date	End Date	School Term	Contract Period	Actual Months

Indiana Administrative Code 35 IAC 1.2-3-3 provides that PERF members employed by a school corporation, state school, university, school city or town are entitled to one (1) year of PERF service credit for each (i) full school term, or (ii) contract period for which the member is employed. PERF members who are not employed for a full school term or contract period will be credited only with the number of actual months of employment. I hereby certify that for each period of service listed above, I have indicated whether the employee's service should be counted as (i) a full school term, (ii) a completed contract period, or (iii) actual months of employment and not eligible under either of the foregoing. I am authorized to accept this liability on behalf of the governing body of my employer, and I understand that verification of the service creates a pension liability for the employer and that any error in this service can only be corrected prior to the employee's retirement.

Signature of Authorized Agent	Printed Name of Authorized Agent
Employer Name	Employer Account Number